

INVOICE

Agency Name: _____

INVOICE # _____

DATE _____

BILL TO Client Name: _____

Project: _____

Email: _____

BILLING PERIOD Start Date: _____

End Date: _____

Date	Activity / Social Channel	Hours	Rate	Total
	Content Creation / Strategy			
	Community Management			
	Paid Ads Management			
	Analytics & Reporting			

Subtotal: \$ _____

Tax (%): \$ _____

Total Due: \$ _____

PAYMENT INSTRUCTIONS

Please make payment via Bank Transfer or Credit Card. Terms: Net 15 Days.